

10/18/1785

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10/18/1785 FILING DATE

## CLAIMS

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2						
3						
4			1			
5						
6	0		Cancel			
7	5			5		
8	6			5		
9		1				
10			1			
11						
12			Cancel			
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14	5		Cancel			
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TOTAL IND.			2			
TOTAL DEP.			27			
TOTAL CLAIMS			29			

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